

ASSESSORS USE ONLY
37
Date Received Application No. Parcel ID.

NAME OF CITY OR TOWN

Fiscal Year

BLIND

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, Section 60.)

Must be filed with Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of Applicant Social Security No. (optional)

Legal Residence (Domicile) on July 1,

Mailing Address (If different) Tel. No.

Location of Property No. of Dwelling Units

Did you own the property on July 1, ? Yes ☐ No ☐

If yes, were you Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others ☐ ?

Was the property subject to a trust as of July 1, ? Yes ☐ No ☐

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes ☐ No ☐

If yes, name of city or town Amount exempted \$

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS:

Were you legally blind as of July 1, ____? Yes ☐ No ☐

Are you registered with Mass. Commission for the Blind? Yes ☐ No ☐

If yes, give Certificate Number _____ Date registered _____

(Attach copy of certificate.)

If no, attach a letter from your doctor indicating status as of July first.

C. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

____ Ownership

____ GRANTED

Assessed Tax _____

____ Occupancy

____ DENIED

Exempted Tax _____

____ Status

____ DEEMED DENIED

Adjusted Tax _____

Date Voted /Deemed Denied _____

BOARD OF ASSESSORS

Certificate No. _____

Date Cert./Notice Sent _____

Date _____